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## BIB DATA SHEET

CONFIRMATION NO. 9356

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/575,405	04/10/2006 RULE	005	3673	7175-79467	
<b>APPLICANTS</b> Mark Alan Graham, Springboro, OH; Michael E. Cerimele, Indianapolis, IN; Christian H. Reinke, York, SC; David C. Newkirk, Lawrenceburg, IN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/33647 10/12/2004 which claims benefit of 60/510,756 10/13/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/01/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ROBERT G SANTOS/ Acknowledged _____ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BARNES & THORNBURG LLP 11 SOUTH MERIDIAN INDIANAPOLIS, IN 46204 UNITED STATES					
<b>TITLE</b> Patient care equipment support lock					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	